

**STATE OF ARIZONA  
OFFICE OF THE AUDITOR GENERAL**

**EMPLOYMENT APPLICATION**

**POSITION DESIRED** (See description) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>PERSONAL</b>	<b>NAME:</b>			
	Last		First	Middle
	<b>CURRENT ADDRESS:</b>			
	Street		City	State Zip Code
	Home Telephone		Business Telephone	E-mail
Are you legally authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Will you now or in the future require sponsorship for employment VISA status, for example H-1B status? Yes <input type="checkbox"/> No <input type="checkbox"/>				
When are you available to start work? Date: _____ Are you over 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>				

<b>REFERRAL</b>	Where did you hear about us? ____ Campus Career Services ____ Campus event ____ Friend ____ Newspaper ____ Web site ____ Other (please explain)				
	Have you ever applied for a job with this office in the past? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes," state when.				
	State names of any relatives and friends working for the Arizona Legislature:				
	Are you or have you ever been a lobbyist registered in Arizona? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Have you interacted with members of the Arizona Legislature in any other capacity? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes," please explain.					

<b>TRAINING &amp; SKILLS</b>	Software
	Languages
	Office Equipment
	Keyboarding / Typing Skills

<b>SCHOOLS &amp; AWARDS</b>	<b>School Name</b> -attach additional pages if needed	<b>City/State</b>	<b>Major</b>	<b>GPA</b>	<b>Years Completed</b>	<b>Graduated Yes / No</b>	<b>Type of Degree, Diploma, or Certificate</b>
	High School						
	Colleges / Universities						
	Trade, Business, or Graduate Schools						
	Scholarship or Awards						

The Auditor General's Office is committed to a policy of Equal Employment Opportunity and will not discriminate on the basis of age, ancestry, citizenship, color, marital status, national origin, physical/mental disabilities, race, or veteran status.

MILITARY	Are you registered with selective service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you had active duty in the military service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Dates of service:	Start:	Finish:

EMPLOYMENT	Attach your resume <i>Only</i> if not already submitted.	
	<b>PRESENT OR LAST EMPLOYER (COMPLETE ADDRESS)</b>	<b>TYPE OF BUSINESS:</b>
	<b>DATES:</b> From: To:	
	Address:	<b>SALARY:</b> Start: End:
	Position:	Duties:
	Reason for leaving:	
	Supervisor:	Telephone:
	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>No</b> , please state reason.	
	<b>NEXT PREVIOUS EMPLOYER (COMPLETE ADDRESS)</b>	<b>TYPE OF BUSINESS:</b>
	<b>DATES:</b> From: To:	
	Address:	<b>SALARY:</b> Start: End:
	Position:	Duties:
	Reason for leaving:	
	Supervisor:	Telephone:
	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>No</b> , please state reason.	
	<b>NEXT PREVIOUS EMPLOYER (COMPLETE ADDRESS)</b>	<b>TYPE OF BUSINESS:</b>
<b>DATES:</b> From: To:		
Address:	<b>SALARY:</b> Start: End:	
Position:	Duties:	
Reason for leaving:		
Supervisor:	Telephone:	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>No</b> , please state reason.		

EMPLOYMENT	NEXT PREVIOUS EMPLOYER (COMPLETE ADDRESS)		TYPE OF BUSINESS:	
			DATES: From: To:	
	Address:		SALARY:Start: End:	
	Position:	Duties:		
	Reason for leaving:			
	Supervisor:		Telephone:	
	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>No</b> , please state reason.			
	NEXT PREVIOUS EMPLOYER (COMPLETE ADDRESS)		TYPE OF BUSINESS:	
			DATES: From: To:	
	Address:		SALARY:Start: End:	
	Position:	Duties:		
	Reason for leaving:			
	Supervisor:		Telephone:	
	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>No</b> , please state reason.			
NEXT PREVIOUS EMPLOYER (COMPLETE ADDRESS)		TYPE OF BUSINESS:		
		DATES: From: To:		
Address:		SALARY:Start: End:		
Position:	Duties:			
Reason for leaving:				
Supervisor:		Telephone:		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>No</b> , please state reason.				

Please account for any periods of unemployment longer than three months in the past ten years or since you graduated from high school, whichever is less. Attach additional pages if needed.	
<b>Time period</b>	<b>Reason for unemployment</b>

<b>MEMBERSHIPS</b>	What professional or trade organizations or groups do you belong to that you consider relevant to your ability to perform this job?

CPA in states of:	Year Certified:	When eligible to sit for CPA exam:		
Other professional designations, licenses, and/or certifications:	State issued:	Year issued:	Expiration date:	

<b>PROFESSIONAL REFERENCES</b>	
Name:	Position:
Address:	Employer:
Telephone:	
Name:	Position:
Address:	Employer:
Telephone:	
Name:	Position:
Address:	Employer:
Telephone:	

## Confidential

Name: \_\_\_\_\_

For administrative purposes, please provide the last four digits of your social security number. \_\_\_\_\_

List all current driver's license numbers and states where you are licensed
List all driver's license numbers and states where you were licensed for the past year:
<div>Have you been convicted of any crime involving moral turpitude*?    Yes <input type="checkbox"/>    No <input type="checkbox"/></div> <div>Have you been dishonorably discharged from the military for any crime involving moral turpitude*?    Yes <input type="checkbox"/>    No <input type="checkbox"/></div> <div>Please explain any "YES" answer fully.</div> <div style="margin-top: 20px;">*Any criminal offense involving dishonesty or a breach of trust, including, but not limited to, credit card fraud, embezzlement, forgery, fraud, passing bad checks, theft, and similar crimes.</div>

### ACKNOWLEDGMENTS—RELEASE OF INFORMATION

Please read carefully before signing.

INITIALS

I understand that, if hired, I will be fingerprinted. The fingerprints will be used to conduct background reviews at the federal, state, and local levels.

\_\_\_\_\_

I authorize the investigation of all statements contained in this application and resume. I also authorize the Office to contact my present employer (unless otherwise noted on this application), past employers, and listed references.

\_\_\_\_\_

I understand that I may be driving a state vehicle during my employment with the Office. As part of the motor fleet safety program, the Office will initially and periodically review my driving record with the motor vehicle division (MVD) and other available sources. For this purpose, I will provide my name, date of birth, and driver's license number, state of issue, and expiration date.

\_\_\_\_\_

I authorize any person, school, current employer (except as noted), past employer(s), and organizations named in this application and resume to provide the Office with relevant information and opinion that may be useful to the Office in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

\_\_\_\_\_

I understand that if the Office terminates my employment for criminal dishonesty or breach of trust, the authorities will be notified and I may be criminally prosecuted.

\_\_\_\_\_

I understand that, if hired, I may not hold other employment or engage in activities that would create a conflict of interest.

\_\_\_\_\_

I understand that this application is **not** a contract of employment.

\_\_\_\_\_

I understand and agree that, if hired, **MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME**, and may, regardless of the date of payment of my wages or salary, **BE TERMINATED AT ANY TIME**.

\_\_\_\_\_

I hereby declare the information provided by me in this Application for Employment is true, correct, and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application may be considered as cause for dismissal from employment.

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Accounting Services Division**  
**Job Title: Accountant I**

Accountants review independent audit reports of school districts and charter schools, and perform on-site reviews of their compliance with state and federal laws and regulations. We develop accounting policies and procedures for counties, courts, colleges, and schools. We also research technical issues, provide client assistance, and conduct training sessions. In addition, we develop annual budget and financial report forms for local governments. The work experience qualifies for the certified public accountant certification. The ideal applicant will have the following:

- B.S. degree in Accounting or the equivalent with 24 completed semester hours of accounting and a minimum 2.8 GPA in accounting classes
- Willingness to travel out of town during the week approximately 5-10 percent of the time
- Strong oral and written communication skills
- Strong interpersonal skills

**Division of School Audits**  
**Job Title: Auditor I**

Entry-level school district auditors evaluate whether the State's school districts are operating efficiently and effectively, including analyzing how additional funding can be directed for classroom use. We also measure and report on the percentage of dollars spent in the classroom and provide a variety of special analyses on school districts' financial information at the Legislature's request. The ideal applicant will have the following:

- B.S. degree in Accounting with 24 completed semester hours of accounting and a minimum 2.8 GPA in accounting classes, OR
- Graduate degree, or bachelor's degree with two years' experience in program evaluation, management analysis, or policy analysis
- Strong writing and research skills
- Strong interpersonal skills
- Willingness to travel out of town during the week approximately 30-40 percent of the time

**Financial Audit Division**  
**Job Title: Auditor I**

Entry-level auditors assist in conducting financial and compliance audits of state agencies, counties, hospitals, and the state educational system, including community college districts, and universities. We conduct our audits in accordance with generally accepted auditing standards established by the American Institute of Certified Public Accountants, which include the expression of an opinion on the financial statements of the entity audited. The ideal candidate will have the following:

- B.S. degree in Accounting with 24 completed semester hours of accounting and a minimum 2.8 GPA in accounting classes
- Willingness to travel out of town during the week approximately 40-50 percent of the time
- Strong oral and written communication skills
- Strong interpersonal skills

**Performance Audit Division**  
**Job Title: Government Analyst**

Government analysts evaluate the efficiency and effectiveness of state agencies and programs and identify ways to improve performance. Individuals hired will join a national leader in the field and enjoy a unique opportunity to impact government programs and policies. The ideal applicant will have the following:

- Graduate degree, or bachelor's degree with two years' experience in program evaluation, management analysis, or policy analysis
- Strong writing and research skills
- Strong interpersonal skills
- Willingness to be available for statewide travel